Farm <b>990-T</b>	Exempt Organization Bus	ines	ss Income Ta	ax Return	<u> </u>	OMB No. 1545-0687					
	(and proxy tax unde	er sec	ction 6033(e))	10/2	)	2018					
	For calendar year 2018 or other tax year beginning	<b>-</b>	ZU 10								
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for ins ► Do not enter SSN numbers on this form as it may				27	en to Public Inspection for 1(c)(3) Organizations Only					
A Check box if	Name of organization ( Check box if name ch	D Employer identification number									
address changed	Manie of organization ( Office box it figure of		eas' trust, see								
B Exempt under geotion	Print VILLAGE HEALTH WORKS		0545435								
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. box	E Unrelate	d business activity code								
408(e)220(e)	Type 45 W. 36TH STREET, 8TH FLOOR	(See that	tructions.)								
408A530(a)	City or town, state or province, country, and ZIP or foreign postal code										
529(a)	NEW YORK, NY 10018		1								
C Book value of all assets	F Group exemption number (See instructions.)										
The second liverage and the se	, 485. G Check organization type 🕨 🗶 501(c) corp			401(a)		Other trust					
	organization's unrelated trades or businesses.	1		he only (or first) un							
	QUALIFIED PRINGE BENEFITS			complete Parts I-V.							
	lank space at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade (	ir					
business, then complete	Parts III-V.  the corporation a subsidiary in an affiliated group or a parer	nt.nuhe!	diary controlled		Yes	X No					
	the corporation a substitutry in an amiliated group or a parer and identifying number of the parent corporation.	าเรชนบริเ	olary controlled group?		788	TET MA					
	POONAM SAKERANI		Telenho	one number 🕨 (	646) 4	90-3113					
	d Trade or Business Income		(A) Income	(B) Expense		(C) Net					
1a Gross receipts or sal			· , ,								
b Less returns and allo		10			1						
2 Cost of goods sold (	Schedule A, line 7)	2									
3 Gross profit. Subtrac		3									
4a Capital gain net inco	me (attach Schedule D)	1a	BECEIVED IN	-2059							
	n 4797, Part II, line 17) (attach Form 4797)	46	IN ISO IN	COLLUE							
c Capital loss deduction		4c	DECEIVE OS	2-01		,					
3 5 Income (loss) from	a partnership or an S corporation (attach statement)	5	MAR O	2030							
6 Rent income (Sched	, , , , , , , , , , , , , , , , , , , ,	6	MAR U	2000							
7 Unrelated debt-finan	ced income (Schedule E)	7		I, UTAH							
<del>71</del>	systities, and rents from a controlled organization (Schodule F)	_	- GOE	7.01.							
-1 O HIVOURINGIST INCOME	of a section 501(c)(7), (9), or (17) organization (Schedule G) tivity income (Schedule I)	) 9	005								
2 11 Advertising Income	(Schedule J)	11		<del></del>							
	nstructions; attach schedule)	12	<b></b>		<del></del>						
	s 3 through 12	13	0.								
Part II Deducti	ons Not Taken Elsewhere (See instructions for		ations on deductions.)		······································	<del></del>					
	contributions, deductions must be directly connected										
314 Compensation of c	fficers, directors, and trustees (Schedule K)				14						
15 Salaries and wage:	B.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				15	-,					
16 Repairs and maint	BRANCE				16						
17 Bad debts					17	<del></del>					
18 Interest (attach sci	nedule) (see instructions)				18						
19 Taxes and licenses	tions (Con instructions for limitation value)				19	<del></del>					
20 Charitable contribution (attack)	itions (See instructions for ilmitation rules)				20						
22 Less depreciation	th Form 4562)		21		226						
23 Depletion		•••									
24 Contributions to d	eferred compensation plans				24	<del></del>					
25 Employee benefit	programs				25	<del></del>					
26 Excess exempt ex	penses (Schedule I)		, ,								
27 Excess readership	costs (Schedule J)	• • • • •			27						
	(attach schedule)				28						
29 Total deductions.	Add lines 14 through 28					0.					
	s taxable income before net operating loss deduction. Subtra				80	0.					
	operating loss arising in tax years beginning on or after Janu				81						
	s taxable income, Subtract line 31 from line 30			<u> </u>	32	0.					
	For Paperwork Reduction Act Notice, see Instructions.				$\overline{}$	Form <b>990-T</b> (2018					

Porm 990-1	(2018) VILLAGE HEALTH WORKS 45-05454	35		P	iga 2
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	1		0.
34	Amounts paid for disallowed fringes	34	1	5,6	84.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	<del> </del>	<u>-</u>	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		+		
	N. 00 101	36	}	5 4	84.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	<del>                                     </del>		00.
	7	14	<del> </del>		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	11	1		
Dort I		38		4,0	84.
	V Tax Computation	<del></del>	<del></del>		84.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	38	+		
40	Trusts Taxable at Trust Rates. See Instructions for tax computation. Income tax on the amount on line 38 from:				
	Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions	, 43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	<u> </u>		84.
Part '		!			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	_	1		
b	Other credits (see instructions)	_	Ţ		
C		_	1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_	· 1		
е	Total credits. Add lines 45a through 45d	. 45			
46	Subtract line 45e from line 44	4			984.
47	Subtract line 45e from line 44  Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach, schedule)	p 4			
48	Total tax. Add lines 46 and 47 (see instructions)	46			984.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	. 48	<b>}</b>		0.
50 a	a Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868				
	b 2018 estimated tax payments 66	0.	ļ		
	c Tax deposited with Form 8868	7	1		
(	d Foreign organizations; Tax paid or withheld at source (see instructions)	7			
	e Backup withholding (see instructions)	7	ļ.		
1	f Credit for small employer health insurance premiums (attach Form 8941)	7			
	g Other credits, adjustments, and payments: Form 2439	٦	1		
	Form 4136 Other Total ▶ 50g	ļ	_ }		
51	Total payments. Add lines 50a through 50g	5	11		660.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached   Grant Structure    Grant Structur	5			17.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>5</b>			341.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>▶</b> 5			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	▶ 5	5		
Part			T		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		<del>†</del> ,	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			)	
	here BURUNDI			l x	
57				<del></del>	X
•	If "Yes," see instructions for other forms the organization may have to file.	• ••••			-
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of pertury, I declare that I have examined this roturn, including accompanying schedules and statements, and to the best of my	knowled	go and hallef it is	true	
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	AIIDWIEG	de eur parer, un		
Here	12/1/19 CHIEF EXECUTIVE OFFICER		e IRS discuss th		with
	Signature of officer Date Title		parer shown bei		7 110
		_		88	No
	Print/Type preparer's name Preparer's signature Date Check		PTIN		
Paid		/ea	nac		
	parer LORI BUDNICK LORI BUDNICK 12/16/19		P0004631		
Use	Only Firm's name BLUM SHAPIRO & COMPANY, P.C. CPA'S Firm's EIN		06-10092	15	
	29 S. MAIN STREET, P.O. BOX 272000				
	Firm's address WEST HARTFORD, CT 06127-2000 Phone no.	(850	3) 561-400		
823711	01-09-19		Form S	ии Б.Т	12019

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation N/A						
1 Inventory at beginning of year					6 Inventory at end of year					
2 Purchases	2			Cost of goods sold. Sub						
3 Cost of labor				from line 5. Enter here a		,		l		
4a Additional section 263A costs				line 2			7	<u> </u>		
(attach schedule)	. 4a		8	Do the rules of section 2		ith respect to			Yes	No
b Other costs (attach schedule)	4b			property produced or ac	cquired	for resale) apply to				
5 Total. Add lines 1 through 4b	. 6		L	the organization?		. <u> </u>				
5 Total. Add lines 1 through 4b Schedule C - Rent Income (I (see instructions)	From Real	Property and	l Pe	rsonal Property i	ease	ed With Real Pro	pert	ty) 		
1. Description of property										
(1)										
(2)										
(3)								· ·		
(4)										
	2. Rent receiv	ed or accrued				2/0)00000000000000000000000000000000000		andard rulth tha	Innomo i	_
(8) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	than	of rent for p	ersone	sonal property (if the percents il property exceeds 50% or if sed on profit or Income)	188	3(2)Deductions directi columns 2(a) a	ind 2(b)	(attach schad	nje)	
(1)										
(2)										
(3)		1								
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	2(a) and 2(b). Er (A)	eter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•			٥
Schedule E - Unrelated Deb			instr	uctions)			_			
			T	2. Grass income from		3. Deductions directly co to debt-finar	nnecte nced pr	d with or allocated	elde	
1. Description of debt-financed property				or allocable to debt- financed property	Straight line depreciation (attach cchedulo)		(b) Other deductions (attach schedule)			
(1)			╁╌		<del> </del>	<del></del>	+			
(2)			+	<del></del>			+-			
(3)		·	+				+			
(4)			+-	···		<del></del>		<del></del>		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e edjusted basis allocable to anced property h echeduls)		6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 8)			8. Aliceable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			†	%	+		+	<del>,, , , , , , , , , , , , , , , , , , ,</del>		
(2)		<del></del>	+-	%	1	<del></del>	$\neg$			
(3)			T	%	<del>                                     </del>		$\dashv$		;	
(4)	<del></del>	<del></del>	†	%			1			
			<u></u>			Enter here and on page 1, Part I, line 7, column (A).		Enter here ar Part I, line 7		
Totals		····· ·· ·· ··					0.			0
Total dividends-received deductions in	cluded in colum	ก8 <u></u>					$\triangleright$			0
-								Form	n 990-1	(201

chedule F - Interest, /	Annuitte	s, Royalti	es, an	Exempt Co	ontrolled O	ganızatio	ins					
1. Name of controlled organization		2. Emplo identificat numbe	ion	9. Not uppel	ated income natructions)	4. Tota	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		a convected with income	
1)		<u> </u>		<del> </del>								
2)								ļ				
3)						<u> </u>		<b> </b>			<del></del>	
4)				<u> </u>		<u> </u>		Ь				
onexempt Controlled Organ	izations											
7. Taxable income	B. Net	unrelated income see instructions)	(ceo)	9, Total o	of opecified pay made	ments	10. Part of colu in the control gros	imn 8 thai ling organ is income	nzetien's	17. Ded with i	uctions directly connected income in column 10	
(1)	<del> </del>	<del></del>										
(2)												
(3)	1										··	
(4)	1											
							Enter here an (ino 8,	, column (	a 1, Part I, A).	Enter he	d columns 8 and 11. are and on page 1, Part I, line 8, column (B).	
rotals Schedule G - Investm		<u></u>	<u></u>			<u></u>	<u> </u>		0.	<u> </u>	0	
Schedule G - Investm	e <b>nt inc</b> o tructions)	me of a S	Section	n 501(c)(	7), (9), oı	· (17) O	rganizatlo	n				
	cription of Inc	ome			2. Amount	of income	3, Deducti directly conr (attach sche	rected	4. Set	esides schedule)	5. Total deductions and sat-asides (col. 3 plus col. 4)	
(1)									<del></del>			
(2)							<del></del>				1	
(3)		<del></del>				·	<del> </del>				<del> </del>	
(4)							<del> </del>		<del> </del> -		<del> </del>	
Totals				<u></u> •	Enter here on Part I, line 9,	column (A).					Enter here and on page Part I, line 9, column (B).	
Schedule I - Exploited (see inst	I Exemp ructions)	t Activity	Incon	ne, Othe	r Than A	dvertis	ing Incom	16				
1. Description of exploited activity	2. Gross direct strict or business income from trade or business of trade or business o		directly with p of u	ixpenses connected production nrelated ose income	4. Not income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols, 5 through 7.		nom activity that attri		attribu	penses itable to imn 6	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)							<del>                                     </del>		<u> </u>		<del></del>	
(2)									1		<del></del>	
(3)					1		]		T		1	
(4)	page	nere and on 1, Part I, 0, col. (A).	page	here and on o 1, Part I, IO, col. (B).							Enter here and on page 1, Part II, line 26.	
Totals	<b>▶</b>	0.		0	.]						- }	
Schedule J - Adverti:	sing Inc	ome (see i	nstructi	ons)	<u></u>							
Part I Income From	Period	icals Rep	orted	on a Co	nsolidate	d Basi	S					
1. Name of penodical		2. Gross advertising Income	e	3. Direct dvertising cost	or (loss) s col. 3). lf	vertising gain ) (col. 2 minu a gain, comp 5 through 7.	us 5. Circu			derahip sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							<del></del>		+			
(2)			$\Box$		7		<b> </b>		+		1	
(3)					7		<del></del>		<del> </del>		{	
(4)			_		7		<del> </del>		<del> </del>	<del></del>	1	
Totale (corn) to Do-11 "					1-				<del> </del>		<del>                                     </del>	
Totals (carry to Part II, line (5))	<u> ▶/  </u>		0.		0.		1		1			

Form **990-T** (2018)